

State of New Jersey
DEPARTMENT OF EDUCATION
OFFICE OF CERTIFICATION AND INDUCTION
PO Box 500
TRENTON, NJ 08625-0500

RECORD OF PROFESSIONAL EXPERIENCE

Use **ONE** form per employer
PRINT with **BLUE** or **BLACK** ink

The **original**, completed form must be put into a sealed envelope by the school district and given to the applicant to be submitted along with all other documents for New Jersey certification.

A. Applicant Information		
Last Name	First Name	Middle Initial
Social Security Number		

B. Successful Professional Experience <i>(To be completed by employer. Student Teaching, Internships, Practicums, Substitute Teacher or Teacher's Aide experience is NOT applicable.)</i>							
Position Held <small>(Teacher, Superintendent, Principal, School Counselor, School Psychologist, etc.)</small>	Name of certificate required for this position	If Teacher, indicate subject taught	Grade Level	Start Date <small>(month/day/year)</small>	End Date <small>(month/day/year)</small>	Check One: Full-Time <small>(50% or more)</small> Part-Time <small>(less than 50%)</small>	

C. Teacher Evaluation ***This section should ONLY to be completed if applying for INSTRUCTIONAL certification*** <i>(The employer must fill out this section ONLY for TEACHING experience completed within the last 4 YEARS.)</i>			
Which Teacher Practice Evaluation Instrument does your school district use to evaluate teachers?	Date(s) of Evaluation	Teaching Position Held	Final Rating <small>(Choose from Inefficient, Partially Inefficient, Effective or Highly Effective)</small>

D. School District Information <i>(To be completed by employer.)</i>
--

I verify that this record is correct and contains all successful experience in an approved public or nonpublic school.

Printed Name: _____ School District: _____

Signature: _____ Name of School: _____

Title: _____ Address: _____

Date: _____ Phone Number: _____